

Receipt



CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Post Office as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on

Date: 9-7-01
Name: Melissa Scanzillo
Signature: Melissa Scanzillo
Clifford Chance Rogers & Wells LLP

Docket No. 6032-023

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Hundler et al.

Filed: December 29, 2000 Group Art Unit: 2171

Serial No: 09/751,190 Examiner: to be determined

For: STREAMING OF ARCHIVE FILES

Commissioner for Patents
Washington, D.C. 20231

RECEIVED
NOV 02 2001
Technology Center 2100

REQUEST FOR CORRECTED FILING RECEIPT

Sir:

Upon review of the Filing Receipt, the following errors have been noted. Under Domestic data as claimed by applicant, please add the following: This Application Claims the Benefit of 09/120,575 7/22/98. A copy of the patent application transmittal as filed with the USPTO is enclosed.

In addition, in the title, please remove the period after the word "files".

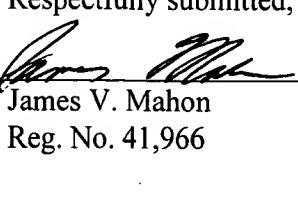
A copy of the Filing Receipt showing the corrections is also enclosed. It is respectfully requested that a Corrected Filing Receipt is issued.

The Commissioner is hereby authorized to charge any additional fee in connection with this request to Deposit Account 50-0521.

Respectfully submitted,

Date:

Sept 7, 2001


James V. Mahon
Reg. No. 41,966

Clifford Chance Rogers & Wells LLP
200 Park Avenue
New York, NY 10166-0153
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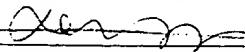
Certificate of Mailing by "Express Mail"

Express Mail Mailing Label Number: EK839396615US

Date of Deposit: December 29, 2000

I hereby certify that this paper or fee is being deposited with the United States Postal Service By "Express Mail Post Office Addressee" Service under 37 CFR 1.19 on the date indicated Above and is addressed to the Commissioner for Patents, Washington, DC 20231

Lewin Roberts
Name of Mailing Individual


Signature of Mailing Individual

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

UTILITY PATENT APPLICATION TRANSMITTAL

COMMISSIONER OF PATENTS
Box Patent Application
Washington, D.C. 20231

Attorney Docket No. 6032-23

Art Unit: Not Yet Assigned
Examiner: Not Yet Assigned

Sir:

Transmitted herewith for filing is a utility patent application

Danny Hendlar,
Avishai Shoshani,
Uri Raz,
Yehuda Volk,
Shmuel Melamed

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for: **Streaming Of Archive Files**

ENCLOSED are the following:

1. Specification (26 pages), abstract (1 page) and claims (7 pages).
2. 8 sheets of informal drawings.
3. Declaration and Power of Attorney (**unsigned**) by the named inventors.
 Newly executed (original or copy)
4. Assignment (**unsigned**)
5. Information Disclosure Statement

NOTE the following:

7. Applicant is a small entity, which was established in parent application Serial No. and such status is still proper and desired.
8. The prior application is assigned to (Recordation cover sheet and accompanying papers)

9. Priority of the following application(s) is (are) claimed under 35 U.S.C. 119:

| Serial No. | Date Filed | Country | Certified Copy of Priority Doc. Filed USSN or PCT# | Date |
|-------------|---------------|---------|---|------|
| 09/120,575, | July 22, 1998 | US | | |
| | | | | |

11. An Extension of Time is filed concurrently herewith for the parent application.

12. Cancel claims prior to calculation of the filing fee.

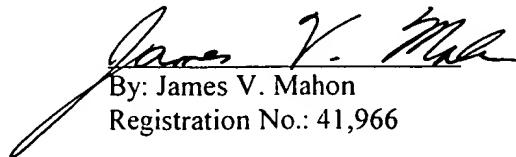
FILING FEE: calculated below (after accounting for any preliminary amendment or claims cancellations if noted above):

| | | | | |
|-------------------------------------|---------------------------------|----|---|------------|
| <input checked="" type="checkbox"/> | Total Claims | 27 | Total Claims Subject to Fees: | \$126.00 |
| <input checked="" type="checkbox"/> | Independent Claims | 5 | Total Claims Subject to Fees: | \$160.00 |
| <input type="checkbox"/> | Multiple Dependent Claims | | | \$ |
| <input checked="" type="checkbox"/> | Basic Filing Fee | | | \$710.00 |
| <input type="checkbox"/> | Extension Fees | | RECEIVED Nov 02 2001 Technology Center 2100 | \$ |
| <input type="checkbox"/> | Less Small Entity Fee Reduction | | | \$ |
| <input checked="" type="checkbox"/> | Assignment Recordal Fees | | | \$40.00 |
| | Total Fees | | | \$1,036.00 |

The Commissioner is authorized to charge \$1,036.00 for filing this application as well as any additional fee or credit any overpayment due in connection with this communication to Deposit Account No. 50-0521. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Date: December 29, 2000



By: James V. Mahon
Registration No.: 41,966

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UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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| APPLICATION NUMBER | FILING DATE | GRP ART UNIT | FIL FEE REC'D | ATTY.DOCKET.NO | DRAWINGS | TOT CLAIMS | IND CLAIMS |
|--------------------|-------------|--------------|---------------|----------------|----------|------------|------------|
| 09/751,190 | 12/29/2000 | 2171 | 1126 | 6032-23 | 8 | 27 | 5 |

CONFIRMATION NO. 8523
FILING RECEIPT

OC00000006359362

Clifford Chance Rogers & Wells LLP
200 Park Avenue
New York, NY 10166



Date Mailed: 07/30/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Danny Hendlar, Residence Not Provided;
Avishai Shoshani, Residence Not Provided;
Uri Raz, Residence Not Provided;
Yehuda Volk, Residence Not Provided;
Shmuel Melamed, Residence Not Provided;

Domestic Priority data as claimed by applicant CIP

This application claims the benefit of 09/120,575
Foreign Applications

7/22/98

If Required, Foreign Filing License Granted 07/29/2001

Projected Publication Date: To Be Determined - pending completion of Missing Parts

Non-Publication Request: No

Early Publication Request: No

Title

Streaming of archive files

Preliminary Class

707



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Bib Data Sheet

CONFIRMATION NO. 8523

| | | | | |
|---|---|---|------------------------|--------------------------------|
| SERIAL NUMBER 09/751,190 | FILING DATE 12/29/2000 RULE 1.47 | CLASS 707 | GROUP ART UNIT 2171 | ATTORNEY DOCKET NO. 6032-23 |
| APPLICANTS Danny Hendlar, Zeidman, ISRAEL; Avishai Shoshani, Modi'in, ISRAEL; Uri Raz, Fairlawn, NJ; Yehuda Volk, Tel-Aviv, ISRAEL; Shmuel Melamed, Tel-Aviv, ISRAEL; | | | | |
| ** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 09/120,575 07/22/1998 PAT 6,311,221 <i>OK M.P.</i> | | | | |
| ** FOREIGN APPLICATIONS ***** <i>No M.P.</i> | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED <i>OK M.P.</i> ** 07/29/2001 | | | | |
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY ISRAEL | SHEETS DRAWING 8 | TOTAL CLAIMS 27 |
| Verified and Acknowledged Examiner's Signature | <i>M.P.</i> <i>Initials</i> | INDEPENDENT CLAIMS 5 | | |
| ADDRESS Mitchell S Feller Esq Clifford Chance Rogers & Wells LLP 200 Park Avenue New York , NY 10166 <i>Customer</i> | | | | |
| TITLE Streaming of archive files | | | | |
| FILING FEE RECEIVED 1126 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |